The Successes and Challenges of Serving Children in Foster Care:

Lessons Learned from a
Two-Year South Carolina Pilot Project

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Babynet (Part C)

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South Carolina Foster Care Facts

- **3,407** children entered foster care in FY 2014. (U.S. Department of Health and Human Services, Administration for Children and Families)

- **Children under 5 years of age** make up the **largest percentage of children entering foster care**, ranging from 45-48%. (KIDS COUNT Data Center, 2009-2013)

- At the time of exiting foster care, **43-49%** of children are reunified with their parent/caregiver. An additional **23-27%** are placed in kinship care, and **14-23%** are adopted. (KIDS COUNT Data Center, 2009-2013)

- **38-50%** of children in foster care have had more than two placements. (KIDS COUNT Data Center, 2009-2013)
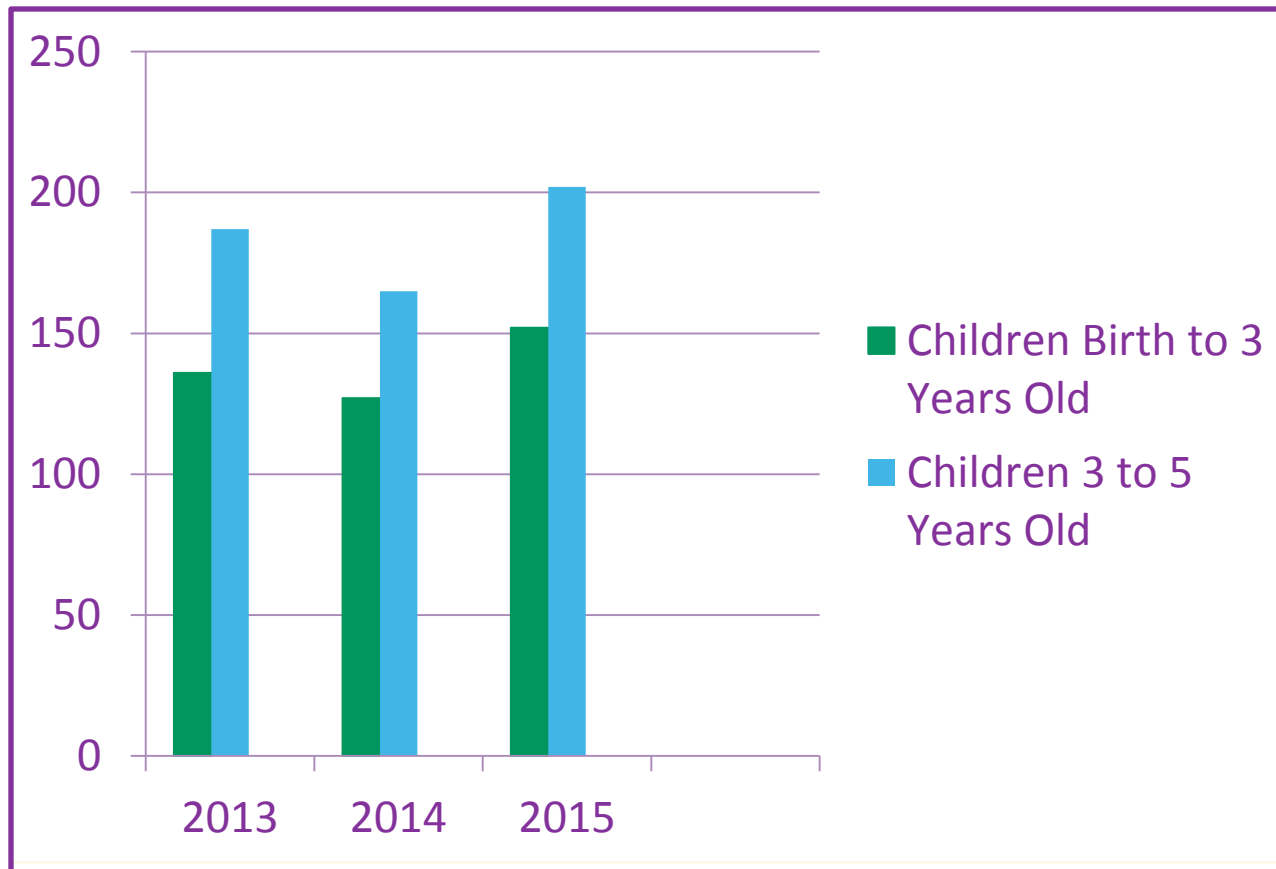
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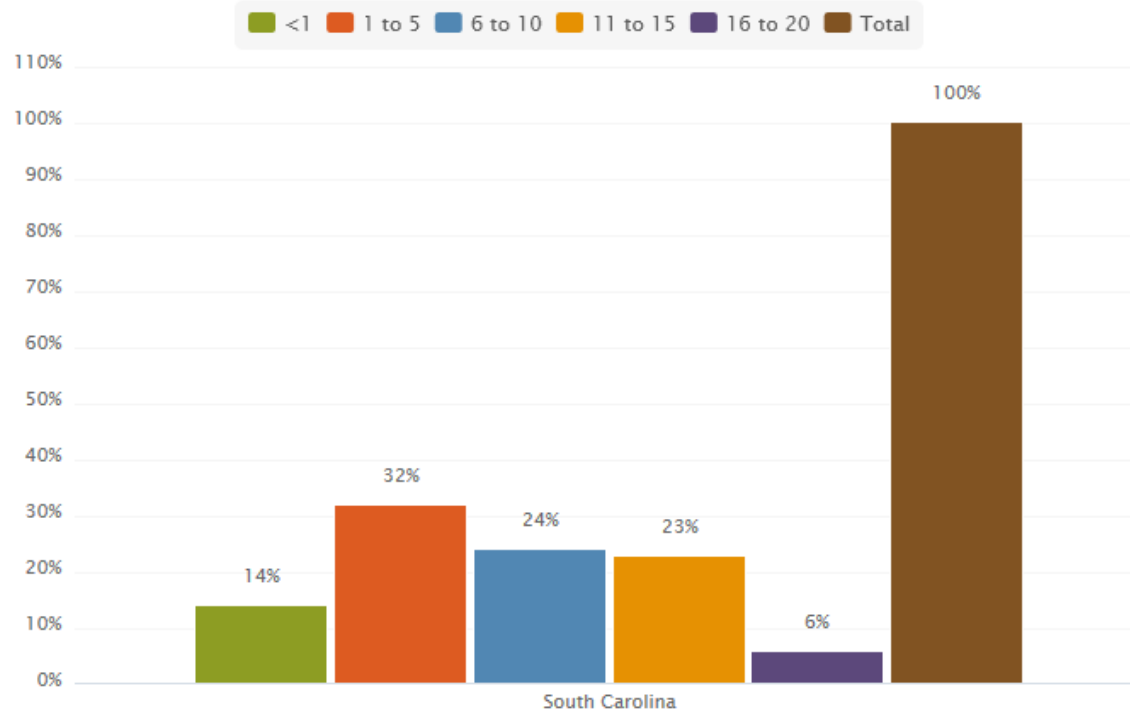
CHILDREN ENTERING FOSTER CARE BY AGE GROUP: ALL (PERCENT) - 2013

National KIDS COUNT
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

Ages of Children Entering Foster Care in Greenville County

2013
Birth to 3 - 136
Age 3 to 5 - 187

2014
Birth to 3 - 127
Age 3 to 5 - 165

2015
Birth to 3 - 152
Age 3 to 5 - 202

Children Birth to 3 Years Old

Children 3 to 5 Years Old

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Greenville County Foster Care Data

- Greenville County is the most populous county in South Carolina. It also ranks 2nd in per capita income (2010 Census Bureau).

- 6.5 % (31,062) of the county's population is under age 5 years (2010 Census Bureau).

2015 Greenville County Foster Care Entry:

- Number of children in foster care as of April 2016:
    - **Greenville County: 349 (ranks 2nd in the state)**
    - Spartanburg County: 404 (ranks 1st in the state)

- **34% under the age of 3**

- 16% under the ages 3-5

- 50% ages 0-5 (mimics national data average)

- 1% of the total under 5 population entered foster care in Greenville County in 2015

Greenville County, South Carolina

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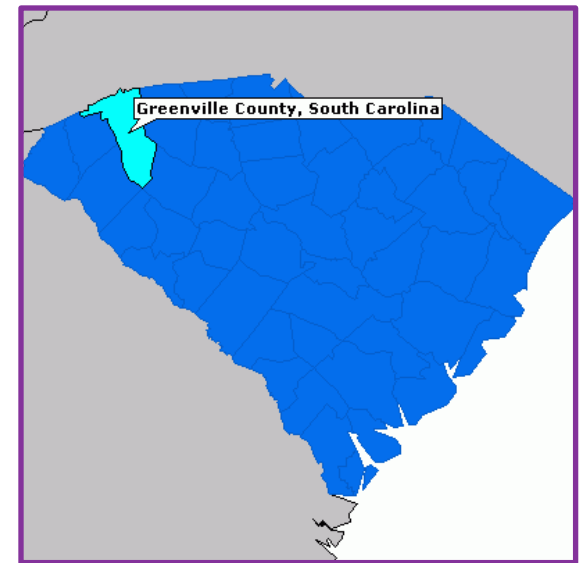
AAP Statement of Purpose

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

- "Children and adolescents in foster care are a singularly disadvantaged and vulnerable population known to be high risk for persistent and chronic physical, emotional, and developmental conditions because of multiple and cumulative adverse events in their lives." – WWW.AAP.ORG

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AAP Statement of Purpose

Prior to foster care, exposure to families with:

- Substance abuse

- Domestic violence

- Mental health disorders

- Poverty and poor education

- Unemployment

- Lack of parenting skills

- Involvement with the criminal justice system

Source: www.aap.org

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AAP Statement of Purpose

Children are at risk from:

- Premature birth

- Lack of health care

- Unintentional injuries

- Postnatal abuse and neglect

- Prenatal and postnatal

exposure to drugs and alcohol

Source: www.aap.org

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Unmet Needs in Foster Care

- Placement often inadequate

- Assessment of needs inadequate

- Crisis driven

- Lack of resources

- Separation of siblings

- Multiple placements

- Foster care system exacerbating the problems

- Health care often sporadic with lack of sharing of medical information

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Common Health Problems for Children in Foster Care

- Attachment, sense of time and developmental level of the child are key factors in their adjustment to environmental and internal stresses

- Growth abnormalities (both growth failure and obesity)

- Lead poisoning and anemia

- Untreated vision and hearing problems

- Dental problems (~35% with dental and oral problems)

- Infections

- Atopic dermatitis

- Asthma (3x higher than general population)

- Developmental and learning delays (~50%)

     - most common delays speech and interaction

     - motor delays from lack of play opportunities

     - separation/disordered

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Common Behavioral Problems for Children in Foster Care

- Problems with self-regulation

  - May under-regulate/exhibit out of control or hyper aggressive behavior

  - Over-regulate/social withdrawal/ dissociation/avoidance

  - Varies by age

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Educational Challenges for Children in Foster Care

- 2,000 children who exited foster care in SC during 2009-2010

    > 1,300 scored below basic on English portion of PACT test

    > 1,500 scored below basic score of Math

- School mobility and retention lead to failure to high school completion

- 131 who aged out of foster care were arrested in 2 years, following national statistics

- 48 children leaving foster care become homeless

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Current South Carolina Requirements for Children Entering Foster Care

- Initial medical and dental assessments
- Referral to Babynet (Part C) for children under three years (per CAPTA)_
- Mental health assessment if over the age of five
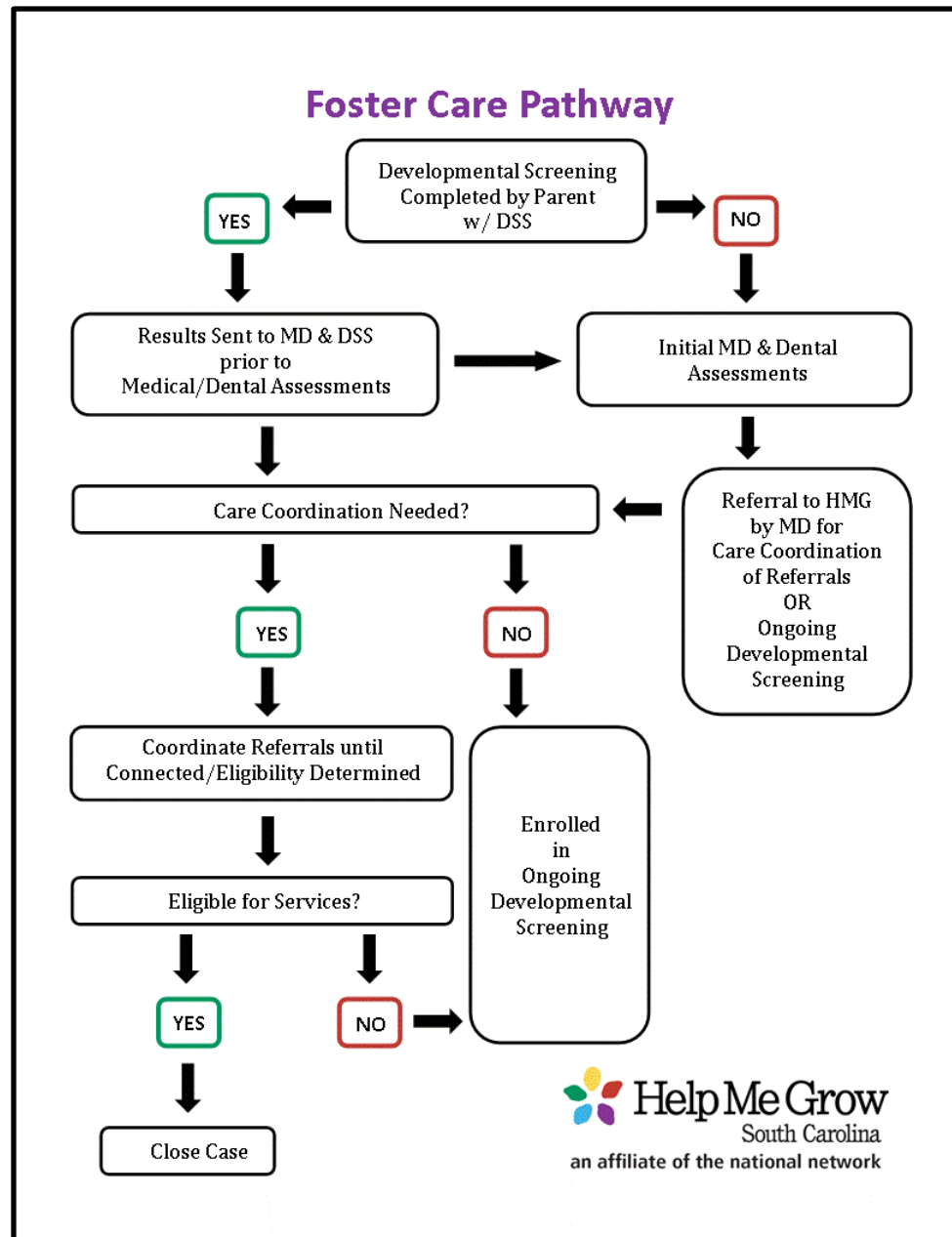- DSS ensures all recommendations followed

Image Source: www.bestofsc.com

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Children Entering Foster Care in Greenville County

- Initial developmental screenings (ASQ3 and ASQ SE-2 for eligible children) completed by birth parent(s) or primary caregiver of child prior to entering foster care with assistance from DSS caseworker and entered into ASQ Online (HMG)

- Developmental screening results shared with physician, DSS caseworker, and foster parent

- Initial medical and dental assessments

- Babynet (Part C) and any other needed referrals are made by HMG include developmental screening results. Primary care MD sends a referral if needs are identified at initial medical assessment

- Examples of other referrals made by HMG are Part B (school district), therapies, and mental/behavioral health services

- Care coordination is provided to foster families to ensure successful connection to services and to assist with alternate referrals/supports if the child is not eligible for services such as Babynet (Part C) and Part B (school district)

- Children that do not have developmental, behavioral, or learning concerns are enrolled in ongoing developmental screening with HMG. Children ineligible for services are also enrolled.

- All referral information and outcomes are shared with the DSS caseworker and medical home

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Foster Care Pathway

Developmental Screening Completed by Parent w/ DSS

YES — Results Sent to MD & DSS prior to Medical/Dental Assessments

NO — Initial MD & Dental Assessments

Referral to HMG by MD for Care Coordination of Referrals OR Ongoing Developmental Screening

Care Coordination Needed?

YES — Coordinate Referrals until Connected/Eligibility Determined — Eligible for Services?

NO — Enrolled in Ongoing Developmental Screening

Eligible for Services? YES — Close Case

Eligible for Services? NO — Enrolled in Ongoing Developmental Screening

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Greenville County Foster Care Pathway

<<< Handout

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South Carolina Babynet/Part C Eligibility Criteria

- Child must have an established risk condition that qualifies for automatic eligibility (Down's syndrome, genetic disorder, extreme prematurity, etc)

<u>OR</u>

- Child must have a 40% delay in one developmental domain OR 25% delay in two or more developmental domains

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Babynet/Part C Referral Outcomes 2015

- 1,292 Children in Greenville County, 599 Eligible (46%)

- Foster children referred by HMG in Greenville County = 36
    - 13 eligible (36%)
    - 11 ineligible (31%)
    - 10 withdrew (28%)
    - 2 unable to be contacted (5%)
- Children referred by DSS in Greenville County = 176
    - 26 eligible (14%)
    - 29 ineligible (16%)
    - 94 withdrew (52%)
    - 27 unable to be contacted (15%)
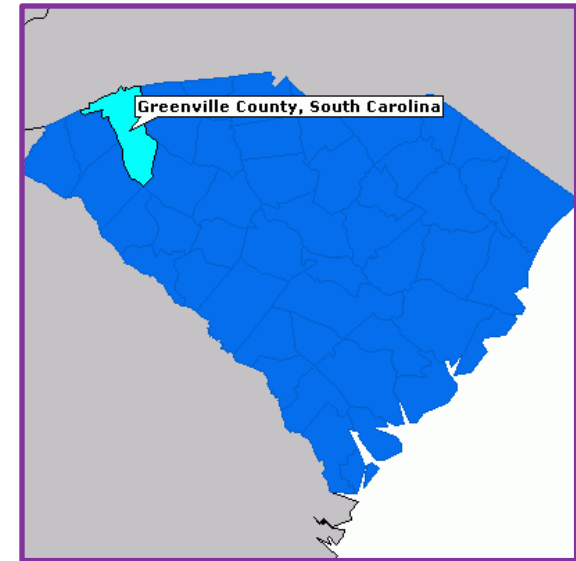
* Statewide, 30% of families referred do not keep their eligibility appointment or decline evaluation for eligibility
* 30-35% of children evaluated are found not eligible.

Greenville County, South Carolina

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Case Example

Female infant entering foster care referred by MD at age two weeks after discharge from hospital for respiratory distress/ laryngomalacia

- ➢ Initial ASQ3 completed at 3 months of age (4 month ASQ-3) completed after foster parent voiced no concerns. Scores: Below cutoff in areas of gross motor, problem solving, and personal social; monitoring in communication, fine motor

- ➢ Referral made to Babynet/Part C. Ineligible for services, foster parent indicated "normal development". Plan to rescreen in three months.

- ➢ ASQ3 and ASQ:SE completed at age 8 months (8 month ASQ-3, 6 month ASQ:SE). Scores: Above cutoff in areas of communication, fine motor, problem solving. Below cutoff in gross motor. Monitoring in personal social. ASQ:SE well below cutoff. Child now diagnosed with sleep apnea and has had surgeries for laryngomalacia. Concerns that child unable to sit unassisted, not able to get into crawling position, "not progressing" in motor skills as expected. Foster parent indicated desire for further evaluation for gross motor concerns.

- ➢ Referral requested for physical therapy evaluation, referral back to Babynet/Part C

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Help Me Grow Foster Child Data

- **297 children served** by HMG since 2013:
  - 27% were <1 year of age
  - 52% were ages 1 year to 3 years
  - 17% were ages 4-5 years
  - 4% were ages 5-8 years
- **398 developmental screenings** completed, of which 44 were repeat screenings

Top 3 concerns: 1. Developmental Concerns 2. Communication 3. Behavioral

Top 5 referrals: 1. Babynet (Part C) 2. Part B (School District) 3. Speech Therapy
4. Mental Health/Counseling 5. Behavioral Services

Outcomes: 84.4% connected, 15% not connected, .6% unknown

Top 3 barriers: 1. Caregiver did not follow through (frequently due to child moving)
2. Scheduling Conflict
3. Eligibility Criteria (Part C, Part B)

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Developmental Screening Results

- ASQ-3 Screening Results:

  - **31.7% Below Cutoff**
  - **28.8% Monitoring**
  - 39.6% Above Cutoff

- ASQ:SE Screening Results:

  - 71% Below Cutoff
  - **29% Above Cutoff**

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What is different for foster children in Greenville County as a result of working together?

- **All children entering foster care under age 5 ½ are screened** for possible social-emotional delays/behavioral concerns using a parent-completed developmental screening tool (**ASQ:SE**).
- **All children entering foster care ages are 3 to 5 ½ are screened** for possible developmental delays using a parent-completed developmental screening tool (**ASQ-3**).
- **Needed referrals are made by HMG and coordinated across placements until connected**, including when a child changes foster placements or exits foster care.

  *Children that do not meet eligibility criteria for services such as Babynet (Part C) and Part B (school district) are referred to alternate services to address their needs or enrolled in ongoing developmental screening with HMG.

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What is different for foster children in Greenville County as a result of working together?

(continued)

- All foster children that are not involved in developmental services or are ineligible for services are **enrolled in ongoing developmental screening** with HMG.
- **Information is shared between medical/service providers, agencies, and families so that all are working together to meet the needs of the child**
- **Babynet/Part C receives relevant information regarding parent/foster parent concerns at the time of referral**, including developmental screening results, foster parent concerns, and medical home concerns about the child.
- **Help Me Grow is able to support families of children with needs typically addressed by DSS caseworkers**

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Wish List for the Future…

- **Expand partnership** to include all families involved in the child welfare system
- **Include "at risk" families screened out by DSS at intake** that are referred to other intervention services
- **All referrals** made to Babynet (Part C) by DSS would **include developmental screening results**
- **All children** ineligible for Babynet (Part C) services would **receive ongoing developmental screening**
- Universal screening in the child welfare system, including **training of DSS caseworkers to assist families with access to developmental screening**
- **Improved access to developmental screening tools** for DSS caseworkers to support families

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Wish List for the future…

- **Replication** to other counties
- **State DSS policy would require the use of valid developmental screening tools** when assessing the developmental status of children.
- **Improved data collection and analysis** across systems
- **Continued follow up** to ensure that children **complete** needed services
- **Suggestions/other thoughts?**

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Discussion/Comments